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Your Home Phone Number: \_\_\_\_\_  
Your Daytime Phone Number: \_\_\_\_\_  
Representing: (2) \_\_\_\_\_  
Attorney Bar Number (if applicable): (3) \_\_\_\_\_  
ATLAS Number (if applicable): (4) \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
COUNTY OF MARICOPA**

\_\_\_\_\_ (5)      Case Number: \_\_\_\_\_ (7)  
Petitioner,  
and  
\_\_\_\_\_ (6)

**OBJECTION TO EXPEDITED  
SERVICES REPORT,  
RECOMMENDATION AND  
ORDER RE: (8)**

Respondent

- ☐ **CHILD SUPPORT ENFORCEMENT**
- ☐ **CHILD SUPPORT ESTABLISHMENT**
- ☐ **MODIFICATION OF CHILD SUPPORT**
- ☐ **MEDICAL INSURANCE COVERAGE**
- ☐ **SPOUSAL SUPPORT**
- ☐ **PARENTING TIME**

**COMES NOW, (9)** \_\_\_\_\_, undersigned, and objects  
to the Expedited Services Report, Recommendation and Order entered on the **(10)** \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_, by this Court.

Objection is based upon the following: **(11)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBJECTION TO ORDER RE: CASE NUMBER \_\_\_\_\_ (12)**

Proposed solution to Objection is the following: **(13)** \_\_\_\_\_

**FURTHER**, I request the Court to review my objection.

- (14)** ☐ I request the court to schedule a hearing.  
☐ I do not request the court to schedule a hearing. (I understand that the Court will consider my objection without a formal hearing.)

**RESPECTFULLY SUBMITTED** this **(15)** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(16) Signature**

After filing the **ORIGINAL** Objection with the Clerk of the Superior Court, I have immediately provided a **COPY** of the Objection to:

- (17)**Expedited Services at: ☐ 201 W. Jefferson, 3rd Floor ☐ 222 E. Javelina, 1st Floor  
Phoenix, AZ 85003 Mesa, AZ 85210  
**FAX:** (602) 506 - 5711 **FAX:** (602) 506 - 2007  
☐ mailed ☐ faxed ☐ hand delivered

**(18)**The Honorable: \_\_\_\_\_

- ☐ 201 W. Jefferson, Suite \_\_\_\_\_ ☐ 222 E. Javelina, Suite \_\_\_\_\_  
Phoenix, AZ 85003 Mesa, AZ 85210  
☐ mailed ☐ hand delivered

**(19)**Name of other party: \_\_\_\_\_

Address of other party: \_\_\_\_\_

\_\_\_\_\_  
☐ mailed ☐ faxed ☐ hand delivered

# INSTRUCTIONS TO COMPLETE OBJECTION TO EXPEDITED SERVICES REPORT, RECOMMENDATION AND ORDER

Match the numbered instructions to the numbers on the Objection To Expedited Services Report, Recommendation and Order. **TYPE OR PRINT. USE BLACK INK.**

1. **YOUR** name, address, home phone number **and** **DAYTIME** phone number. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. **or** where a message may be left for you. If your daytime phone number is the same as your home phone number, enter your home phone as your daytime phone number.
2. If you **HAVE NOT** obtained the services of an attorney, write the words “**Representing Self**”. If you **HAVE** obtained the services of an attorney, the attorney must enter your name and complete the objection form.
3. If you have obtained the services of an attorney, the attorney must provide his or her State Bar number.
4. ATLAS case number located on the Expedited Services Report, Recommendation and Order next to the case number. If there is no ATLAS case number, leave blank.
5. Name of the person listed as the Petitioner on the Expedited Services Report, Recommendation and Order.
6. Name of the person listed as the Respondent on the Expedited Services Report, Recommendation and Order.
7. Maricopa County case number listed on the Expedited Services Report, Recommendation and Order.
8. Mark the box(es) which indicate the issues contained in the Expedited Services Report, Recommendation and Order to which you are objecting.
9. Your name.
10. Date that the Court signed the Expedited Services Report, Recommendation and Order.

11. Briefly explain why you are objecting to the Expedited Services Report, Recommendation and Order. Your objection must be based upon the contents of the report.
12. Maricopa County case number listed on the Expedited Services Report, Recommendation and Order.
13. Briefly explain your proposed solution to your objection.
14. Check the box which indicates:  
If you are requesting a hearing or  
If you do not request a hearing.
15. Current date.
16. Your signature
17. Check the box, which indicates the Expedited Services office location to which you provided a copy of your Objection, and how you provided a copy of your Objection.
18. Name and location of the Judge/Commissioner who signed the Expedited Services Report, Recommendation and Order to which you are objecting. Check the box which indicates how you provided a copy of your Objection to the Judge/Commissioner.
19. Name and address of the other party. Check the box which indicates how you provided a copy of your Objection to the other party.